S. No. 2
1—1/47
. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 7 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16196

Registrar's No. 2161

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City T-B Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo 25 da
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4980 Wyoming 8
(If rural, give location)
(e) Citizen of foreign country? no (Never) No 0
If yes, name country

3. (a) PRINT FULL NAME ALLEE, CLARA MAY
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife LEE ALLEE
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April (Month) 10 (Day) 1871 (Year)

8. AGE: Years 77 | Months 1 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace California (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home wife
11. Industry or business
MOTHER FATHER
12. Name S. P. N. Gray
13. Birthplace Ky. (City, town or county) (State or foreign country)
14. Maiden name Margaret Wood
15. Birthplace California (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lee allee
(b) Address 4980 Wyoming
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation California Mo
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo
19. (a) 5-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May
1 1947 to May 23 1948
that I last saw her alive on May 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 24 Yr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 3 15
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work (e) Means of injury

23. Signature William Reid May (M. D. or other) M.D.
Address K C 7 Mo Date signed May 23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1946

STATEMENT BY LICENSED EMBALMER:

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.